| PATENT APPLICATION FEE DETERMINATION RECORD  Application or Docket Number  09760730                                                                                                                        |                                    |                                           |                                    |              |                                |                                    |           |                   |                        |               | ber                 |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|------------------------------------|--------------|--------------------------------|------------------------------------|-----------|-------------------|------------------------|---------------|---------------------|------------------------|
| ' Effective October 1, 2000                                                                                                                                                                                |                                    |                                           |                                    |              |                                |                                    |           |                   |                        |               |                     |                        |
| 1,5,6,7,9 CLAIMS AS FILED - PART I 18,12,13 (Column 1) (Column 2)                                                                                                                                          |                                    |                                           |                                    |              |                                |                                    |           | MALL EX           |                        | OR            | OTHER<br>SMALL E    |                        |
| TO                                                                                                                                                                                                         | TAL CLAIMS                         |                                           |                                    |              |                                |                                    |           | RATE              | FEE                    | 1. [          | RATE                | FEE                    |
| FO                                                                                                                                                                                                         | R                                  |                                           | NUMBER F                           | TED.         | NUMBER EXTRA                   |                                    |           | ASIC FEE          | 355.00                 | OR            | BASIC FEE           | 710.00                 |
| το                                                                                                                                                                                                         | TAL CHARGEA                        | BLE CLAIMS                                | 1.3 min                            | us 20=       | •.                             |                                    | Γ         | χ <b>2</b> ∂=     |                        | OR            | X\$18=              |                        |
| DND                                                                                                                                                                                                        | EPENDENT CL                        | <b>SMIA</b>                               | ∑ mir                              | าน9 3 =      |                                |                                    | Γ         | X40=              |                        | OR            | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                           |                                    |                                           |                                    |              |                                |                                    | +135=     |                   | OR                     | +270=         |                     |                        |
| "If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                    |                                    |                                           |                                    |              |                                |                                    | L         | TOTAL             |                        | OR            | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                |                                    |                                           |                                    |              |                                |                                    |           |                   |                        | ,             | OTHER               | THAN                   |
|                                                                                                                                                                                                            | . (Column 1) (Column 2) (Column 3) |                                           |                                    |              |                                |                                    |           |                   |                        | OR            | SMALL               | NTITY                  |
| MIA                                                                                                                                                                                                        |                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | NUN<br>PREVI | BER<br>OUSLY<br>FOR            | PRESENT<br>EXTRA                   |           | RATE              | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                                                                                                                                                                  | Total                              | . 14                                      | Minus                              |              | <i>7</i> 0                     | - /                                | $\cdot [$ | X\$ 9=            | 1                      | OR            | X\$18=              | )                      |
| SME                                                                                                                                                                                                        | Independent                        | . 0                                       | Minus                              | ***          | 8                              | •                                  | Γ         | X40=              |                        | OR            | X80=                |                        |
|                                                                                                                                                                                                            | FIRST PRESE                        | NTATION OF M                              |                                    |              |                                |                                    | ſ         | +135=             | 1                      | OR            | +270=               | 1                      |
|                                                                                                                                                                                                            | 7-8-05                             |                                           |                                    |              |                                |                                    |           | TOTAL<br>DOIT FEE |                        | OR            | TOTAL<br>ADDIT, FEE |                        |
|                                                                                                                                                                                                            | (Column 1) (Column 2) (Column 3)   |                                           |                                    |              |                                |                                    |           |                   |                        | •             | ADMI. FEET          |                        |
| ENT B.                                                                                                                                                                                                     |                                    | CLAIMS REMAINING AFTER AMENDMENT          |                                    | PREV         | HEST<br>ABER<br>HOUSLY<br>FOR  | PRESENT<br>EXTRA                   |           | RATE              | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                                                                                                                                                                  | Total                              | . /4                                      | Minus                              | -2           | 0                              | =                                  |           | X\$ 9=            | •                      | OR            | X\$18=              |                        |
| AME                                                                                                                                                                                                        | Independent                        | NTATION OF M                              | Minus                              | ENDEM        | T CI AIM                       | -/                                 |           | X40=              |                        | OR            | ×80=                |                        |
| ┡                                                                                                                                                                                                          | riva: Prese                        | AIXING OF IR                              | OLIIFUE DEF                        | CRUCK        | 7                              |                                    | ۱ [       | +135=             |                        | OR            | +270=               |                        |
|                                                                                                                                                                                                            | 6-K'0 (Column 2) (Column 3)        |                                           |                                    |              |                                |                                    |           |                   |                        | OR            | YOYAL<br>ADDIT, FEE |                        |
|                                                                                                                                                                                                            |                                    |                                           |                                    |              |                                |                                    |           |                   |                        |               |                     |                        |
| ENTC                                                                                                                                                                                                       |                                    | CLAIMS REMAINING AFTER AMENOMENT          |                                    | NUI<br>PREV  | HEST<br>WBER<br>HOUSLY<br>OFOR | PRESENT<br>EXTRA                   | $\  [$    | RATE              | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDME                                                                                                                                                                                                    | Total                              | . 14                                      | Minus .                            | • )          | 28                             | - /                                | $\prod$   | X\$ 9=            | /                      | OR            | X\$18=              | 1                      |
| <b>AME</b>                                                                                                                                                                                                 | Independent                        | NTATION OF N                              | Minus                              | ***          | T CPAIN                        | = /                                |           | X40≃              |                        | OR            | X80=                |                        |
| ┞                                                                                                                                                                                                          |                                    |                                           |                                    |              |                                | <del> </del>                       | •         | •135 <del>=</del> |                        | OR            | +270=               | / .                    |
| " If the entry in column 1 is less than the entry in column 2, write "O' in column 3.  "If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE |                                    |                                           |                                    |              |                                |                                    |           |                   |                        |               |                     |                        |
| -                                                                                                                                                                                                          | 'il the "Highest Ni                | umber Previously I                        | Paid For IN THI<br>aid For Matai o | S SPACE      | is iese th<br>clanii ie th     | en 3, enler "3."<br>e hishasi numb |           | •                 | eroprizie bo           | -<br>oz tn co | olumn 1.            |                        |